

**FOC-69 - NOTICE
OF REVIEW ON
ARREARAGE
(CONSUMER
REPORTING
AGENCY)**

DRAFT

Original - Friend of the Court
1st copy - Payer
2nd copy - Payee

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

NOTICE OF REVIEW ON ARREARAGE
(CONSUMER REPORTING AGENCY)

CASE NO.

Friend of the Court address

Telephone no.

Payer name, address, and social security no.

TO:

1. Date of notice: _____

2. The Office of the Friend of the Court received a written request from you to review a mistake of fact concerning either your identity or arrearage.

3. A review has been scheduled as follows:

Date

Time

Location of review

Name of officer conducting review

Payee name and address

(This notice is for the payer. A copy is sent to you for your information only)

4. Bring documentation, records, or any other necessary information with you to the review which details a mistake of fact;
☐ as well as the following:

5. You may bring an attorney with you to the review.

FRIEND OF THE COURT